SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-009695

STATE FILE NUMBER

AMENDED

Registration District No. 182 Primary Registration District No. 3040 Registrar's No. 52

FILED MAR 20 1961

DATE AMENDED

INSTEAD OF Dan Maurell

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Length of stay in 1b 30 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 312 Polk St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 312 Polk St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First KATHERINE Middle Last PENDERGAST

4. DATE OF DEATH Month Day Year Mar. 11, 1961

5. SEX Fem.
6. COLOR OR RACE White
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH 8/18/78
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse
10b. KIND OF BUSINESS OR INDUSTRY Nursing
11. BIRTHPLACE (City and state or country) Livingston Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Richard Pendergast
13b. MOTHER'S MAIDEN NAME Catherine Feeney
14. NAME OF HUSBAND OR WIFE xx

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servic xx
16. SOCIAL SECURITY NO.
17. INFORMANT Address M.F.Pendergast, Chula, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Pulmonary Edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr Myocarditis.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 10, 1959, to Mar 11, 1961 and last saw her alive on 3-11-61
Death occurred at 7:05 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. M. Dowell, M.D.
22b. ADDRESS Chillicothe Mo
22c. DATE SIGNED 3/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/14/61
23c. NAME OF CEMETERY OR CREMATORY Catholic cemetery
23d. LOCATION (City, town, or county) (State) Chillicothe, Mo.

24. FUNERAL DIRECTOR ADDRESS Donald Gordon, Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 13, 1961
26. REGISTRAR'S SIGNATURE Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Russell Jordan

Licensed Embalmer No. 4191

P. O. Address Oklahoma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.